

OKLAHOMA DEPARTMENT OF CORRECTIONS
HEPATITIS C AGREEMENT FOR TREATMENT WORK-UP

Facility: _____

I understand that I may benefit from Hepatitis C Treatment. As part of this treatment, I may be required to transfer to another facility for continued treatment work-up. I may be required to consent to additional testing, monitoring, and/or imaging as determined necessary by the health care providers at the treating facility and/or by the Hepatologist in which my medical information will be shared with via Telemedicine consultations.

If it is determined that treatment is indicated, I will be required to take all of my HCV medications via pill line for directly observed therapy. I will also have (post) treatment monitoring that may consist of health care provider and or nursing visits, lab draws, urine samples, and/or imaging studies. Despite the majority of medications only being a 12 week duration regimen, post treatment monitoring may be required for a full year after I complete my medications.

If a medical transfer was necessary prior to my receiving treatment, the medical hold specifying I must remain at the treating facility will be lifted. However, an additional medical move to transfer me back to my previous facility will likely not be indicated medically.

Please check one of the boxes below which describes your situation

☐ I have read and full understand the terms of this consent

☐ I do not speak or read English and an interpreter has explained this consent to me. I fully understand the terms of this consent.

Name of Interpreter: _____

Nurse Educator's Signature _____ Date _____

Inmate Signature _____ DOC # _____ Date _____

Inmate Name
(Last, First)

DOC #